

Standard: <i>Modification Request (MR)</i>	
Issue Date: May 5, 2000	Standard ID: <i>S-CM-010</i>
Supersedes: March 8, 2000	Rev/Change 2.0

1. **Purpose:** To track and control all changes to baseline items.
2. **Creating Procedures:**

P-CM-010 - Configuration Management	P-GP-045 - Scheduled Peer Review
P-PE-050 - Develop Products	P-PE-065 - Test Discrepancies
3. **Contents:**

The form that follows is comprised of four pages. The first page is always filled out. A second page is also always filled out, but only one of the three pages that follow the first page is used. The page to fill out (2a, 2b, or 2c) is determined by the Modification Type selected in the Analysis section on page one.

?? If the Modification Type is an Internal Defect then page 2a is used.
 ?? If the Modification Type is an Internal Change then page 2b is used.
 ?? If the Modification Type is an External Change then page 2c is used.

Page 1

Description:

Project ID: the unique identifier for the project
Prepared By: the name of the person filling out the request
Date: the date the request is filled out
MR#: unique identification number assigned by Configuration Management
Short Description: a brief description of the problem/change
Problem Impact: the impact of the problem on the system
When request was originated: when in the life cycle of the project was the request written
Source: indicate the peer review component and date, test procedure number/step number, customer document identification number or CAR number associated with the MR
Other Associated MRs: indicate any other MRs associated with this MR
Problem/Modification Description: detailed description of the requested problem/change
Supporting Rationale/Justification (optional): the reason the request was made
Components Affected (if known) or "pattern" to search for: list the components that will be affected by the MR or a pattern to search for to find which components are affected

Analysis Assignment:

Assigned To: the persons name that will analyze the request
Date Assigned: the date the person was assigned the request to analyze
Authorized (Chief Eng.): the signature of the Chief Engineer authorizing analysis to occur

Date: the date the analysis effort was authorized by the Chief Engineer

Analysis:

Analysis Time (phrs): the person hours requested to perform the analysis.

Date Completed: the date the analysis was completed.

Analysis Result (pick only one): indicates how the request will be handled and which of the following pages will be filled out.

Recommended Modification (if applicable): the recommended changes to fulfill the request

Areas Affected (Check all that apply): indicate the areas that will be affected by the modification.

Affected Components: indicate all components, documents, drawings, etc. that will be affected by implementation of the request.

Page 2a

Supplemental Information:

Has defective product already been peer reviewed?: indicate if the product has been Peer Reviewed

Injection Activity: indicate the activity that caused the problem

Type: indicate if the problem is due to something missing, being wrong or extra

Requirement not satisfied: the unique identifier of the requirement that is not being satisfied.

Correction Assignment:

Planned Start Date: the date the correction work is to begin

Planned End Date: the date the correction work is to be completed

Assigned to: the engineer assigned to do the work

Charge #: the charge number to be used to do the work

Authorized (Chief Engr.): the signature of the Chief Engineer, authorizing that the fix be implemented.

Date: the date the Chief Engineer authorized the fix

Correction:

Effort Expended (phrs): the number of person hours required to implement the fix.

Date Completed: the date the modification to the component was completed.

Changes Made: what was done to correct the problem.

Verification:

Verified (QA): signature of the QA Specialist who checked the fix

Date Verified: date the fix was verified

Date Copy Given to SPG: the date a copy was given to the SPG representative for inclusion in the metric database.

Date Change Notice Sent: the date the notification was sent to everyone indicating that the modification has taken place.

If product is already deployed...: indicate if the Customers approval is required.

Closed:

Date Closed: the date the MR is closed

Approvals:

Signature: the approval signatures as indicated in the projects CM plan.

Date: the date of the approval signature.

Page 2b

Supplemental Information:

CCB Disposition: the decision of the Configuration Control Board for this MR

Date Needed: the date the fix is needed by the project

Associated Requirement: the unique identifier of the requirement this MR is written against.

Estimated Effort (phrs): the estimated number of person hours required to implement the suggested fix.

Funding: the source of funds to implement the modification.

Date Funding Request Sent: the date the funding request was sent.

Date Funding Received: the date the requested funds were received.

Reference: indicate the contract letter, IRAD proposal, ECP#, etc. associated with the funding request.

Rationale: explain how the change is being funded and any concerns about the estimates.

Modification Assignment:

Planned Start Date: the date the implementation of the change is supposed to start.

Planned End Date: the date the change is supposed to be completed.

Assigned To: the person's name that will implement the change.

Charge #: the charge number that will be used to implement the change.

Approved (Chief Engr.): the signature of the Chief Engineer, authorizing the change.

Date: the date the Chief Engineer authorized the change.

Approved (Proj. Mgr.): the signature of the Project Manager, authorizing the change

Date: the date the Project Manager authorized the change.

Contract Representative: the signature of the Contract Representative who reviewed the MR.

Date: the date the Contract Representative reviewed the MR.

Modification:

Effort Expended (phrs): the number of person hours required to implement the fix.

Date Completed: the date the modification to the component was completed.

Changes Made: the modifications that were actually made to implement the MR.

Verification:

Verified (QA): signature of the QA Specialist who checked the change.

Date Verified: date the change was verified.

Date Copy Given to SPG: the date a copy was given to the SPG representative for inclusion in the metric database.

Date Change Notice Sent: the date the notification was sent to everyone indicating that the modification has taken place.

If product is already deployed: indicate if the Customers approval is required.

Closed:

Date Closed: the date the MR is closed

Approvals:

Signature: the approval signatures as indicated in the projects CM plan.

Date: the date of the approval signature

Page 2c

External:

Type: is this a Class1 or Class 2 modification

Date Modification Needed: the date the modified component is needed.

Approved (Proj. Mgr.): the signature of the Project Manager approving the request.

Date Approved: the date the Project Manager authorized the request for the fix.

Contract Letter Reference: the identifier of the contract letter sent to request the fix.

Date Sent: the date the contract letter was sent.

Promised Completion Date: the date the external source says the fix will be available.

Actual Completion Date: the date the modified component was available.

Remarks: any comment you wish to make concerning the external request.

Verification:

Verified (QA): signature of the QA Specialist who checked the fix.

Date Verified: date the fix was verified.

Date Copy Given to SPG: the date a copy was given to the SPG representative for inclusion in the metric database.

Date Change Notice Sent: the date the notification was sent to everyone indicating that the modification has taken place.

If product is already deployed...: indicate if the Customers approval is required.

Closed:

Date Closed: the date the MR is closed.

Approvals:

Signature: the approval signatures as indicated in the projects CM plan.

Date: the date of the approval signature.

4. Format

Following Pages

5. Notes: N/A

Modification Request

(Used to report problems or request changes to products.)

Project ID: _____

Prepared By: _____

Date: _____

MR#: _____

Description:

Short Description: _____

Problem Impact: ☐ Totally Failed
☐ Inconvenience

☐ Partially Failed (without Workaround)
☐ Partially Failed (with Workaround)

When request was originated:

☐ Analyze ☐ Detail Design ☐ Product Design ☐ Production (Coding, Fabricating)
☐ SWIT ☐ Dry Run ☐ FAT ☐ SAT ☐ Operation

Source: Originating Peer Review (Component Name): _____ Peer Review Date: _____

Customer's #: _____ Test Procedure: _____ Step: _____ CAR #: _____

Other associated MRs: _____

Problem/Modification Description:

Supporting Rationale/Justification (Optional):

Components Affected (if known) or "pattern" to search for:

Analysis Assignment:

Assigned To: _____ Date Assigned: _____

Authorized (Chief Eng.): _____ Date: _____

Analysis:

Analysis Time (phrs): _____ Date Completed: _____

Analysis Result (pick only one):

☐ Inadequate Information
☐ Internal Defect (page 2a) – Class 2
☐ Internal Change (page 2b) – Class 1
☐ External (page 2c) – Class 1 or 2

Recommended Modification (if applicable):

Areas Affected (Check all that apply): ☐ SW ☐ HW ☐ Documents ☐ User Training

Affected Components, Data Files, Configuration Settings [parameters, switches, jumpers, etc.], Documents, Drawings, User Manuals, Courses, etc. (if applicable)

Modification Request (Internal Defect)
(Class 2 change, In Scope)

Project ID: _____
 Prepared By: _____
 Date: _____
 MR#: _____

Supplemental Information:

Has defective product already been peer reviewed? ☐ Yes ☐ No

Injecting Activity:

☐ Analyze ☐ Detail Design ☐ Product Design ☐ Production (Coding, Fabricating)
☐ User Error ☐ External (Inherited) ☐ Random Occurrence ☐ Test Plan/Procedure

Type: ☐ Missing ☐ Wrong ☐ Extra

Requirement Not Satisfied – (provide requirement identifier): _____

Correction Assignment:

Planned Start Date: _____ Planned End Date: _____
 Assigned To: _____ Charge #: _____
 Authorized (Chief Engr): _____ Date: _____

Correction:

Effort Expended (phrs): _____ Date Completed: _____
 Changes Made: _____

Verification:

Verified (QA): _____ Date Verified: _____
 Date Copy Given to SPG: _____ Date Change Notice Sent: _____
 If product is already deployed, is Customer approval required? ☐ No ☐ Yes

Closed: Date Closed: _____

Approvals: Signature: _____ Date: _____
 Signature: _____ Date: _____
 Signature: _____ Date: _____

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Modification Request (Internal Change)(Class 1 change, Out of Scope,
Sent to the Project's CCB)

Project ID: _____

Prepared By: _____

Date: _____

MR#: _____

Supplemental Information:CCB Disposition: ☐ Ignore ☐ Implement

Date Needed: _____ Associated Requirement: _____

Estimated Effort (phrs): _____

Funding: ☐ Absorb Cost ☐ Request Customer Funds ☐ Request Funds

Date Funding Request Sent: _____ Date Funding Received: _____

Reference (Contract Letter, IRAD Proposal, ECP#) or attached copy of correspondence:

Rationale:

Modification Assignment:

Planned Start Date: _____

Planned End Date: _____

Assigned To: _____

Charge #: _____

Approved (Chief Engr): _____

Date: _____

Approved (Proj. Mgr.): _____

Date: _____

Contract Representative: _____

Date: _____

Modification:

Effort Expended (phrs): _____

Date Completed: _____

Changes Made:

Verification:

Verified (QA): _____

Date Verified: _____

Date Copy Given to SPG: _____

Date Change Notice Sent: _____

If product is already deployed, is Customer approval required? ? No ? Yes

Closed: Date Closed: _____**Approvals:** Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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Modification Request (External)

(Sent to Customer, Vendor, Prime Contractor and/or Subcontractor)

Project ID: _____

Prepared By: _____

Date: _____

MR#: _____

External:

Type: _____ Class 1 (out of scope) _____ Class 2 (in scope)

Date Modification Needed: _____

Approved (Proj. Mgr.): _____

Date Approved: _____

Contract Letter Reference: _____

Date Sent: _____

Promised Completion Date: _____

Actual Completion Date: _____

Remarks:

Verification:

Verified (QA): _____ Date Verified: _____

Date Copy Given to SPG: _____

Date Change Notice Sent: _____

If product is already deployed, is Customer approval required? ? No ? Yes

Closed:

Date Closed: _____

Approvals:

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

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